

Declaration of United States Citizenship

Name of Medicaid applicant:	
Date of Birth:	
Place of Birth:	
State	County
Why is U.S. citizenship documentation una	available for the person applying for Medicaid?
I affirm to the citizenship of the person nar	med above.
I declare under penalty of perjury th	nat the foregoing is true and correct.
Signature of Medicaid applicant, guardian,	or authorized representative
Executed on (date)	
I declare under penalty of perjury th	nat the foregoing is true and correct.
Signature of Witness #1	Relationship to Medicaid applicant
Executed on (date)	
I declare under penalty of perjury th	nat the foregoing is true and correct.
Signature of Witness #2	Relationship to Medicaid applicant
Executed on (date)	

Please attach copies of proof of U.S. citizenship and identity for Witnesses #1 and #2 to this document.